



ເຂົ້າເຮັດວຽກ  
**STOP WORK**

CSO/WORKER NAME ຊື່ພະນັກງານຫ້ອງການ/CSO	TELEPHONE NUMBER ເລກໂທລະສັບ
CLIENT IDENTIFICATION NUMBER ເລກປະຈຳຕົວຜູ້ຮັບການຊ່ວຍເຫຼືອ	DATE ວັນທີ

**Section 1: Fill out this section before taking it to your job that has ended.** ປະກອບໝວດນີ້ກ່ອນເຂົ້າໄປໃຫ້ບ່ອນທີ່ທ່ານເຮົາເຮັດວຽກ.

**By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services.** ໂດຍການເຊັນຊື່ໃສ່ນີ້, ຂ້າພະເຈົ້າອະນຸຍາດໃຫ້ນາຍຈ້າງຂອງຂ້າພະເຈົ້າປະກອບໃບຟອມນີ້ສໍາລັບ ກົມສັງຄົມ ແລະ ສົງເຄາະ.

SIGNATURE ລາຍເຊັນ

DATE ວັນທີ

PLEASE PRINT YOUR NAME HERE ກະຊວງຂອງທ່ານໃສ່ນີ້

NAME OF COMPANY ຊື່ຂອງບໍລິສັດ

COMPANY ADDRESS: STREET ADDRESS

ບ່ອນຢູ່ຂອງບໍລິສັດ ຖານ

CITY

ເມືອງ

STATE

ຮັດ

ZIP CODE

ຊົບໂຄດ

**Section 2: The person in the company who knows the employment and pay information fills out this section.**

ໃຫ້ບຸກຄົນຢູ່ໃນບໍລິສັດທີ່ຮູ້ລາຍລະອຽດກ່ຽວກັບວຽກງານ ແລະ ການຈ່າຍປະກອບໝວດນີ້.

1. What was the last date that the employee worked? \_\_\_\_\_

2. Amount of final paycheck (before taxes): \$ \_\_\_\_\_ Date received: \_\_\_\_\_

List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

AMOUNT RECEIVED (BEFORE TAXES)      DATE RECEIVED

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Why did this job end?

☐ Lack of work      ☐ Job was temporary/seasonal      ☐ Laid off

☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid      ☐ Unpaid

If paid, how much is the employee paid: \$ \_\_\_\_\_

When is the employee expected to return? \_\_\_\_\_

☐ Other: \_\_\_\_\_

4. Will the employee receive any severance pay? ☐ yes      ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

5. Can the employee cash out vacation/sick pay? ☐ yes      ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes      ☐ No

IF YES: When will it be received? \_\_\_\_\_ How much will it be? \$ \_\_\_\_\_

Please provide the following in case we need to contact you:

SIGNATURE

DATE

TELEPHONE NUMBER

PRINT YOUR NAME HERE

POSITION/TITLE